

Best Available Copy

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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48											
49											
50											
Total											
Indep	8										
Total	42										
Depend											
Total	50										
Claims											

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97						
98						
99						
100						
Total						
Indep						
Total	2					
Depend						
Total	2					
Claims						

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